

Oak Valley Golf Academy

個人健康資料Health Information Form

個人資料 PERSONAL INFORMATION

名字Name: _____ 性別Gender: M / F

生日Date of Birth: _____

健康資料 MEDICAL INFORMATION

參加者有無但何會影響其參與本訓練項目的醫療上之需要?? 如有請詳細說明

Does the applicant have any medical conditions that may affect his/her participation in the program? If yes, please provide full details: _____ YES _____ NO

參加者現時需要服食任何藥物嗎? 如有請詳細說明

Is the applicant currently taking any medications?

If yes, please provide full details: _____ YES _____ NO

參加者有任何健康上、飲食上、或是過敏方面的問題需要學院特別留意的地方嗎?? 如有請詳細說明

Does the applicant have any health, dietary or allergy concerns we should know about? If so, please explain:

聲明 DECLARATION

我在此証明參加者_____于生理及心理上都擁有良好的狀況，適合參與所有橡樹谷學院安排的訓練活動。另外我不會替參加者向橡樹谷高爾夫學院及其員工追討任何因參加其活動而導致的損失或受傷之賠償。

I hereby certify that the applicant_____ is in normal physical and mental health and is capable of safe participation in the Oak Valley Golf Academy training program. I understand that there are inherent risks involved in the physical activity and play outlined in the program schedule, and I will not hold Oak Valley Golf Academy or its staff responsible for any loss or injury as a result of participation in the program.

Student's Parents/Guardians Signature

Date

Student's Signature

Date